

2567

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| PLACE OF DEATH | | ARIZONA STATE BOARD OF HEALTH | |
|--|----------------------------|---|---|
| 1. County | Graham | BUREAU OF VITAL STATISTICS | |
| District | Safford | ORIGINAL CERTIFICATE OF DEATH | |
| Town or City | Central | No. | (If death occurred in a hospital or institution, give its NAME instead of street number). |
| 2. FULL NAME | Ruby Biggs Layton | State Index - - - - No. | 120 |
| (a) Residence No. | 1475 | County Registrar's - - No. | |
| Length of residence in city or town where death occurred | 13 yrs. mos. ds. | Local Registrar's - - No. | 27 |
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX | Female | 4. COLOR or RACE | White |
| 5. SINGLE, MARRIED, WIDOWED or DIVORCED. | Single | 6. DATE OF DEATH (month, day, and year) | 4 8 1928 |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | None | 17. I HEREBY CERTIFY, That I attended deceased from | 4 7 1928 to 4 8 1928 |
| 6. DATE OF BIRTH (month, day and year) | May 28 - 1914 | that I last saw her alive on | 4 8 1928 |
| 7. AGE | Years 14 Months 10 Days 10 | and that death occurred, on the date stated above, at | 2 10 m. |
| 8. OCCUPATION OF DECEASED | Student | The CAUSE OF DEATH* was as follows: | Meningitis |
| 9. BIRTHPLACE (city or town) (State or country) | Central Ariz | CONTRIBUTORY (Secondary) | Meningitis of Conf. |
| 10. NAME OF FATHER | Joseph Biggs | (duration) yrs. mos. ds. | 8 |
| 11. BIRTHPLACE OF FATHER | Nephis, Utah | 18. Where was disease contracted if not at place of death? | No |
| 12. MAIDEN NAME OF MOTHER | Ida Clara Coombs | Did an operation precede death? | No |
| 13. BIRTHPLACE OF MOTHER | West Virginia | Was there an autopsy? | No |
| 14. Informant (Address) | Frank Biggs | What test confirmed diagnosis? | (Signed) J. W. Murray |
| 15. Filed May 8, 1928 | J. N. Stratton | (Address) Safford | M. D. |
| Filed May 8, 1928 | H. O. J. | * State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) | |
| V. S. No. 1 | | 19. PLACE OF BURIAL, CREMATION OR REMOVAL | Central |
| | | 20. UNDERTAKER | H. W. Layton |
| | | DATE OF BURIAL | April 11 1928 |
| | | ADDRESS | Central, Ariz. |